

KENTUCKY INDIVIDUAL APPLICATION

Please Use NIPR to Electronically Submit the Application

Resident	www.NIPR.com
Non-Resident	www.NIPR.com

<u>Variable Life & Variable Annuity</u> <i>(Note: This line of authority will be issued only if the licensee holds an active life line of authority.)</i>	<u>Personal Lines</u> <i>(Note: Personal lines covers individuals and families for primarily non-commercial purposes. This line of authority is not necessary if you hold a full property & casualty license.)</i>	<u>Limited Line Credit</u> <i>(Note: Can sell credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability and automobile dealer GAP)</i>
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APPLICABLE FEES:

Agent – Resident Individual for license/class	\$ 40.00
Plus for <u>each</u> line of authority an additional fee of	40.00
Agent – Non-Resident Individual for license/class	50.00
Plus for <u>each</u> line of authority an additional fee of	50.00
Adjuster for license and license renewal – (Independent {full P&C}, Staff {full P&C}, Public {full P&C}, Workers’ Comp {only}, or Crop {only})	50.00
Apprentice Adjuster for license – (nonrenewable because term is for 12 months)	25.00
Administrator (TPA) for license and license renewal	50.00
Consultant for license and license renewal – (Life and Health or Property and Casualty)	100.00
Managing General Agent for license and license renewal	100.00
Reinsurance Intermediary for license and license renewal – (Broker or Manager)	100.00
Rental Vehicle Managing Employee for license and license renewal	40.00
Surplus Lines Broker for license and license renewal	100.00
Temporary Agent for license – (nonrenewable because term is for 180 days)	20.00
Life Settlement Provider for license and license renewal	500.00
Life Settlement Broker for license and license renewal	250.00
Examination Fee – (per exam, or retake or failure to appear for scheduled exam)	50.00
• Property and Casualty is one fee, when examination is taken at the same time.	50.00
• If reinstating a license within one year of termination, an exam is not required.	

CRIMINAL BACKGROUND INFORMATION – Resident Applicants are required to provide background information.

You must request a criminal background report from the Administrative Office of the Courts (AOC) online at: <http://courts.ky.gov>. Under Help Links, click Register/Log in to Public Menu, if you are a first time user, click on REGISTER to create account; if you have an account, LOGIN with username and password, then click on AOCFastCheck, click Add a New Batch, under Category select Licensing, under Group select Dept of Insurance DOI, and under Reason select Licensing. Follow directions to complete your online request. Cost is \$15.

FINANCIAL RESPONSIBILITY

If you are required to provide proof of financial responsibility, it must be requested from a Kentucky-admitted insurer, and provided on the appropriate Kentucky form listed below:

- Form 99-1 - Errors and omissions liability policy minimum limits of \$20,000 per occurrence and \$100,000 aggregate – may be submitted electronically, through eServices, by the insurer.
- Form 99-2 - Letter of credit – minimum limit \$20,000, **original must be mailed** to the DOI address on the form, and requested from a financial institution.
- Form 99-3 - Surety bond – minimum limit \$20,000, the original must be mailed to the DOI address on the form. This form is NOT accepted electronically, **DOI must receive the original by mail**. Licensee must sign, date and notarize this form prior to mailing.
- Form 99-6 - Insurer’s assumption of legal liability is accepted electronically through eServices. For agent applications, Appointment Form 8302-AP and appointment fee (\$40 per Insurer) must be filed by the insurer in conjunction with the license application.

ADDITIONAL INFORMATION AVAILABLE AT <http://insurance.ky.gov>

Supplement to ADJUSTER APPLICATION

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
P. O. Box 517
Frankfort, Kentucky 40602-0517
email: DOI.Agent.Licensing.Mail@ky.gov
<http://insurance.ky.gov>
502-564-6004

(PLEASE PRINT OR TYPE)

FOR ADJUSTER APPLICANTS ONLY

Applicant's Full Name: _____

Social Security Number: _____ Date of Birth: _____

Adjuster Applicants **MUST BE 21** years of age at the time application is submitted in Kentucky.

A. Have you previously passed an adjuster examination: Yes_____ or No_____

If Yes, complete section below:

a. Type of examination (Independent, Public, or Staff/Company): _____

b. Insurance coverage type:

i. Personal Lines _____

ii. Commercial Lines _____

iii. Personal and Commercial Lines _____

c. I currently hold the below listed adjuster line(s) of authority as a result of passing and obtaining a state-approved examination: _____

i. **Examples of Line of Authority:** (All lines P & C; general lines; workers' comp; property only; casualty only; casualty w/out workers' comp; motor vehicle physical damage; etc.

B. In which state(s) do you hold an adjuster license by examination?

a. State_____ Type of Adjuster License_____ Resident: YES_____ NO _____

b. State_____ Type of Adjuster License_____ Resident: YES_____ NO _____

c. State_____ Type of Adjuster License_____ Resident: YES_____ NO _____

d. State_____ Type of Adjuster License_____ Resident: YES_____ NO _____

e. State_____ Type of Adjuster License_____ Resident: YES_____ NO _____

Attestation:

I hereby attest that, under penalty of perjury, all of the information submitted above is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license, and may subject me to civil or criminal penalties.

Original Signature of Adjuster Applicant

Full Legal Name (please print)

Date

**Check appropriate box**☐ **Resident License**☐ New☐ Reinstatement: Yes ____ No ____☐ **Non-Resident License**☐ New☐ Add Line of Authority☐ N/R Home State: _____☐ N/R Home State License #: _____**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE****P. O. Box 517****Frankfort, Kentucky 40602-0517****email: DOI.AgentLicensingMail@ky.gov**<http://insurance.ky.gov>

502-564-6004

(PLEASE PRINT OR TYPE)

NAIC INDIVIDUAL INSURANCE LICENSE APPLICATION

(This Form is not for Business Entities - Please Use Form 8301-BE)

For Office Use Only

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

Cashier: _____

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

Cashier: _____

Demographic Information

① Soc. Security Number

② If assigned, National Producer Number (NPN)

③ If applicable, FINRA Individual Central Registration Depository (CRD) Number

④ Are you affiliated with a financial institution/bank?

Yes ☐No ☐

⑤ Last Name JR./SR. etc

⑥ First Name

⑦ Middle Name

⑧ Date of Birth
(month) ____ (day) ____ (year) ____

⑨ Residence/Home Address (Physical Street)

⑩ P.O. Box

⑪ City

⑫ State

⑬ ZIP

⑭ Foreign Country

⑮ Home Phone Number
() -⑯ Gender (Circle One)
Male Female⑰ Are you a Citizen of the United States? (Check One)
Yes ☐ No ☐ If No, of which country are you a citizen?
(If No, you must supply proof of eligibility to work in the U.S.)

⑱ Business Entity Name

⑲ Business Address (Physical Street)

⑳ P.O. Box

㉑ City

㉒ State

㉓ ZIP

㉔ Foreign Country

㉕ Business Phone Number (include extension)
() -㉖ Business Fax Number
() -

㉗ Business E-Mail Address

㉘ Business Web Site Address

㉙ Applicant's Mailing Address

㉚ P.O. Box

㉛ City

㉜ State

㉝ ZIP

㉞ Foreign Country

㉟ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

b. List any trade names under which you are currently doing business or intend to do business.

Agency or Business Entity Affiliations

㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

Employment History

㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

			From		To		Position Held
			Month	Year	Month	Year	
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					

Uniform Application for Individual Insurance Producer License

Background Information

38 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ____ No ____

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ____ No ____

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to a repayment agreement? Yes ____ No ____
- c) are you the subject of a child support related subpoena/warrant? Yes ____ No ____

Uniform Application for Individual Insurance Producer License

PLEASE MARK LICENSE REQUESTED. EXAM FEE IS \$50 PER EXAM * Denotes Exam Required.

NOTE: If reinstating a license within one year of termination, an exam is not required.

(39)

☐ **RESIDENT**
☐ **NON-RESIDENT**

AGENT MAJOR LINES

<input type="checkbox"/>	*Casualty	<input type="checkbox"/>	*Health
<input type="checkbox"/>	*Life	<input type="checkbox"/>	*Property
<input type="checkbox"/>	Variable Life and Variable Annuity	<input type="checkbox"/>	*Personal Lines

AGENT LIMITED LINES

<input type="checkbox"/>	*Crop	<input type="checkbox"/>	*Travel
<input type="checkbox"/>	Credit	<input type="checkbox"/>	
<input type="checkbox"/>	*Rental Vehicle Managing Employee	<input type="checkbox"/>	Temporary Agent

CONSULTANT LICENSES

<input type="checkbox"/>	*Life & Health Consultant	<input type="checkbox"/>	*Property & Casualty Consultant
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ADJUSTERS

<input type="checkbox"/>	*Independent Adj.	<input type="checkbox"/>	*Public Adj.
<input type="checkbox"/>	*Workers' Comp Adj.	<input type="checkbox"/>	*Crop Adj.
<input type="checkbox"/>	*Staff Adj.	<input type="checkbox"/>	Apprentice Adjuster

OTHER LICENSES AVAILABLE

<input type="checkbox"/>	Surplus Lines Broker	<input type="checkbox"/>	Administrator (TPA)
<input type="checkbox"/>	Life Settlement Broker w/ Life LOA for one year	<input type="checkbox"/>	*Life Settlement Broker w/o Life LOA
<input type="checkbox"/>	Life Settlement Provider	<input type="checkbox"/>	Managing General Agent (MGA)
<input type="checkbox"/>	Reinsurance Intermediary Broker	<input type="checkbox"/>	Reinsurance Intermediary Manager

Applicant's Certification and Attestation

(40) The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners (NAIC) as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure.
(Applicable only to residents of Alaska)

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

(41) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
P. O. Box 517
Frankfort, Kentucky 40602-0517
email: DOI.AgentLicensingMail@ky.gov
<http://insurance.ky.gov/>
502-564-6004
(PLEASE PRINT OR TYPE)

SUPPLEMENTAL APPRENTICE ADJUSTER LICENSE APPLICATION

Certificate of Sponsoring Adjuster for Apprentice License		
THIS SECTION MUST BE COMPLETED BY THE SPONSORING ADJUSTER, <u>IF APPLYING FOR AN APPRENTICE ADJUSTER LICENSE</u> :		
The adjuster certifies that the following information is true, has been verified, and maintained in the adjuster's files:		
<div>1) The applicant is a high school graduate or has received the equivalency degree.</div> <div>2) An investigation of the applicant's qualification for license has been made and the applicant should be licensed.</div> <div>3) The applicant is trustworthy and of good reputation.</div> <div>4) The applicant for apprentice adjuster license will at all times be a full-time employee of an insurer or adjuster and be subject to the training, direction, and control of a licensed adjuster acting in the same capacity as that sought by the applicant.</div>		
Sponsoring Adjuster Name (Print or Type)		Social Security Number (for sponsoring adjuster)
Signature	Date	Mailing Address
Phone Number	E-mail Address	City, State, ZIP